

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90032 012 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000054071

1. Entity Name
ARCHO CORPORATION



Principal Place of Business
1600 SOUTH DIXIE HWY STE 301 BLDG 1600
BOCA RATON, FL 33432

Mailing Address
1600 SOUTH DIXIE HWY STE 301 BLDG 1600
BOCA RATON, FL 33432

2. Principal Place of Business
21392 TOWN LKS DR.
Suite, Apt. #, etc.
1028

3. Mailing Address
21392 TOWN LKS DR.
Suite, Apt. #, etc.
1028

City & State
BOCA RATON, FL
Zip
33486 Country
USA

City & State
BOCA RATON, FL
Zip
33486 Country
USA

4. FEI Number
23-1006769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name
JOSEPH K. NOHL, PA.
Street Address (P.O. Box Number is Not Acceptable)

3784 N. STATE RD 7
City
LAUDERDALE LKS. FL Zip Code
33319

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

06/29/03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAVARRIA, GUILLERMO
1600 SOUTH DIXIE HWY STE 301 BLDG 1600
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REYES, DAVID
1600 SOUTH DIXIE HWY STE 301 BLDG 1600
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
REYES, ALVARO JR
1600 SOUTH DIXIE HWY STE 301 BLDG 1600
BOCA RATON, FL 33432 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
21392 TOWN LKS. DRIVE #1028
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
21392 TOWN LKS DRIVE #1028
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
21392 TOWN LKS DRIVE #1028
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
DIRECTOR
CHAVARRIA, GUILLERMO JR.
21392 TOWN LKS DRIVE #1028
BOCA RATON, FL 33486

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 30th 2003 561 3619787
Date Daytime Phone #

CR2E034 (10/02)